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## Chapter 5- Alumni Who Attended U.S. Presidents, pp. 139-152

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LEGEND & LORE

# Jefferson Medical College

CHAPTER

# 5

**Alumni Who  
Attended  
U.S. Presidents**

## Jefferson Physicians and the White House

Medical persons played a small role in the politics and policies of the Office of President of the United States during the early years of American democracy. Very little is known about the illnesses of early presidents and their medical care. To be sure, there was little enough that physicians could accomplish against serious illness at the turn of the eighteenth century. History has established, for example, that medical treatment for President Washington in his last illness was more harmful than helpful. Recent medical care of American Presidents has dramatically improved and Jefferson Alumni have played important roles.

Thomas Jefferson during most of his lifetime was committed to the principle that nature was more reliable than most physicians. It was not until he had recruited the youthful Robley Dunglison from England for his medical professor at the new University of Virginia in 1824 that Jefferson accepted and appreciated medical care for himself. Dunglison was promptly admitted to Jefferson's

circle of friendship and attended him regularly during the remaining two years of his life. His first encounter was for treatment of an obstructive uropathy (probably prostatism) May 17, 1824. Dunglison treated him by passing a bougie which Jefferson then learned to pass himself, but he also prescribed remedies about which Jefferson kept careful notes. During the spring of 1826 there were numerous visits by Dunglison to Monticello while Jefferson was experiencing what was probably carcinoma of the colon. At the time of his death on July 4, 1826, he was at the bedside.

Robley Dunglison remained at the University of Virginia until 1833 when he left for academic duty at the University of Maryland before coming to Jefferson in 1836. During his Virginia tenure he also treated James Madison who refused to take any medication without Dunglison's approval. President Monroe was also his patient both during and following his presidency. Andrew Jackson was treated on one occasion by Dunglison for a "pain in the side". Although Dunglison was not a Jefferson graduate, he was the bridge between Thomas Jefferson the man and Jefferson the institution. He served as Professor of the Institutes of Medicine and Medical Jurisprudence for 32 years (1836-68) and Dean for 14 years (1854-68). Fore-runner of the many Jefferson graduates who would treat U.S. Presidents for chronic diseases and acute emergencies, he also became known as "The Peacemaker", "The Walking Dictionary", and "Father of American Physiology."

The first actual White House physician was a Jefferson graduate, Jonathan M. Foltz, (1830) (Fig. 1), during the administration of President James Buchanan. Their acquaintance probably began in 1830 when Foltz carried to President Jackson a letter from (then) Congressman Buchanan recommending his appointment as Assistant Naval Surgeon. Foltz was appointed on the spot whether or not because of the letter. Occasional correspon-

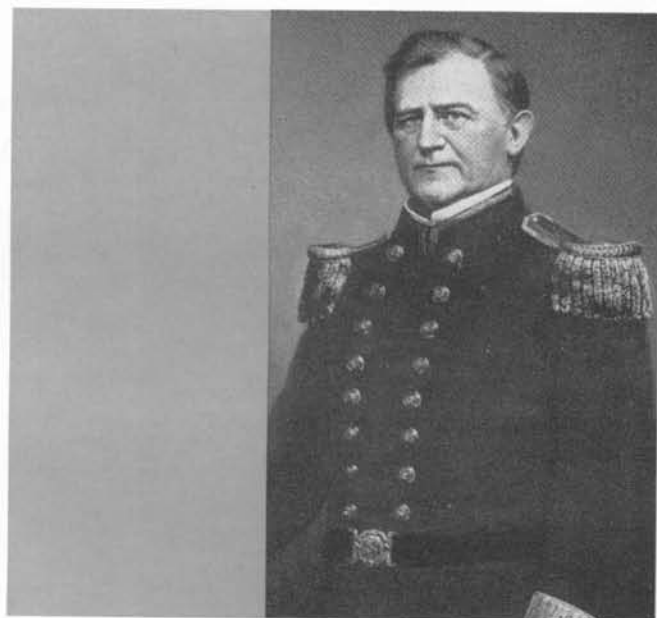


Fig. 1. Jonathan M. Foltz (JMC, 1830). Presidential physician, Surgeon General, United States Navy.

dence appears to have been their only contact from then until 1847, when, as Secretary of State, Buchanan requested Foltz's services for treatment of what was probably nasal polyposis. Foltz, on vacation at Newport, responded at once and at Buchanan's request, lived in his house until the problem was under control with "a series of tedious and painful operations." While on duty at the Washington Navy yard the following year (1848) he was consulted on a number of occasions by President Polk and even accompanied him to Bedford Springs for mineral water treatment.

Relations between Buchanan and Foltz continued with some intimacy during the 1850s. In fact, Foltz stated that Buchanan had expressed to him in confidence the conviction that the Union in four years would divide into two republics and that there would be no civil war. Buchanan's health was not at issue until after his election to the Presidency, when in January, 1857, he was one of nine persons taken ill at the National Hotel, ostensibly from acute arsenic poisoning. The effects of this illness carried over on inauguration day, March 4, with Foltz in constant attendance. For the first time a physician to the President was housed in the White House for a time and Foltz was extended a leave of absence from the Navy. However, Buchanan failed to carry out his promise to appoint Foltz Chief of the Bureau of Medicine and Surgery of the Navy. After two years of intermittent services to the President, relations cooled when Foltz perceived the weaknesses and vacillations which characterized Buchanan's presidency. Foltz no longer occupied the room next to the President.

Jefferson physicians had numerous associations with General, later President, Ulysses S. Grant. John Hill Brinton (JMC, 1852) served on the General's staff in 1861/62 as did Samuel W. Gross (JMC, 1857), but the former developed a friendship which endured. In 1862 Mrs. Julia Grant wrote to Dr. Brinton thanking him for his services to her husband and expressing her comfort that the General was under his care. In 1873, upon being advised that Brinton was a candidate for the Professorship of Anatomy at Jefferson, President Grant wrote him a letter (Fig. 2) which says a

good deal about President Grant's human side as well as providing acknowledgment of Brinton's war time accomplishments.

While the Grants were living in New York City after the expiration of his presidential term, they were frequently visited by Professor Jacob Mendes DaCosta (JMC, 1852). On one visit Mrs. Grant expressed her concern about her husband's coughing and asked Dr. DaCosta to examine him. A referral to a throat specialist then led to a diagnosis of cancer which caused his death in 1887.

Perhaps the most dramatic politico-medical event of the nineteenth century was the secret surgery on President Grover Cleveland July 1, 1893. During a major economic crisis with bank closings and unemployment threatening economic disaster, the new President was found to have a large ulcer on the palate which on biopsy was interpreted by Dr. William H. Welch as a probable epithelioma. Immediate surgery being advised, President Cleveland agreed but required that it be done secretly because of his concern of spreading further panic if the public were informed. Arrangements were quickly made to operate aboard the

Fig. 2. To J.H. Brinton (JMC, 1852) from President Ulysses S. Grant, June 11, 1873. (Typed copy of hand-written letter.)

June 11th, 1873.

MY DEAR DOCTOR:

Learning from your letter of the 9th inst. that you are a candidate for the "Professorship of Anatomy" in the Jefferson Medical College of Pa., it affords me pleasure to bear testimony to your professional skill and ability as demonstrated, in the field, in the early days of the rebellion. At Donelson particularly I always regarded the improvised arrangements for taking care of the wounded as due to your executive ability and energy, and the care taken of them—and success in bringing so many badly wounded out alive—as very largely due to your professional skill.

While I do not join in special recommendation of one friend over another for any position over which I exercise no control, yet I can say, and do say unreservedly, that I do not doubt but that if the coveted professorship should fall to you it will be filled with honor and credit to the institution, and that the directors who put you there will never have reason to regret the choice.

My kindest regards to Mrs. B.—to whose friends I once gave a favorable endorsement of you—and the children.

Very truly yours,  
U. S. GRANT.

DR. J. H. BRINTON,  
Phila., Pa.



Yacht "Oneida" en route from New York to Cape Cod and Dr. William W. Keen (JMC, 1862) was recruited as one of two operating surgeons, the other being Dr. Joseph Bryant, Cleveland's personal friend. The story has been told frequently and with embellishment, but the brilliance of the result needs no emphasis. The tumor mass was more extensive than anticipated, a large portion of the left upper jaw being removed including part of the soft palate. Dr. Keen had brought a special retractor from Paris in 1866 which permitted adequate exposure. Healing was interrupted only by a small residual tumor mass which was excised in a second but much more brief operation on July 17, and the President went on to Cape Cod to recuperate. Almost as remarkable as the surgery was the skill of an orthodontist, Dr. K.C. Gibson who molded a prosthesis to replace the defect. By August 7, the President was able to address a special session of Congress with a request to repeal the Sherman Silver Act to stimulate the economy. He did this without detection of his surgery or any difficulty with voice or expression. Congress a few weeks later voted to repeal the Act.

Except for rumors which were denied, this medical success was kept secret until twenty-four years later when Dr. Keen published a full account, regarding it as his duty "to make the facts a matter of public record before all of us had passed away." Keen and Dr. John F. Erdmann, Bryant's assistant, by that time (1917) were the only survivors. Histologically the tumor was originally diagnosed as epithelioma, sarcoma or "epithelial cancer". Review of the tissues by modern pathologists in 1980 concluded that it was actually a verrucous carcinoma. The latter being less invasive and less likely to metastasize explains its amenability to cure by surgery alone. President Cleveland died in 1908 of causes unrelated to the oral disease.

Theodore Roosevelt was delivered by Thomas A. Emmet (JMC, 1850), the only Jefferson alumnus known to have delivered a future president.

Thomas Leidy Rhoads (JMC, 1893), a native of Boyertown, Pennsylvania, served as physician to President William Howard Taft in 1912. Dr. Rhoads had been Assistant Demonstrator of Surgery and

Pathology under Professor W.W. Keen for four years after graduation. He enlisted in the United States Navy at the outbreak of the Spanish-American War in 1898 and went on to head the Naval Hospital in Washington, D.C. In 1900 he transferred to the Army, being assigned to the Philippines where he performed a difficult operation on the then Governor General, William Howard Taft, the relationship continuing as a personal friendship. When in 1912, President Taft's physician was lost on the Titanic, Major Rhoads, who was then Chief of Surgical Services at Walter Reed Army Hospital, was requested by the President to serve as his physician and aide. Rhoads had already accompanied Taft on several trips around the country so the continuing association was a familiar one. He served until the end of President Taft's term March 4, 1913.

Numerous encounters occurred between President Woodrow Wilson and Jefferson physicians. The most intimate was between him and Professor Edward Parker Davis, (JMC, 1879) a Princeton classmate who was a lifelong friend and adviser. Dr. Davis was on hand for Wilson's inauguration and at various times during the years between his serious illness in 1919 and his death in 1924. (Prior to his accession to the Presidency, Professor W.W. Keen (JMC, 1862) had operated on Mrs. Ellen Wilson in the Spring of 1912, and a few years earlier on two Wilson daughters at Jefferson Hospital. Wilson was examined by Professor John Chalmers DaCosta (JMC, 1885) during his post war trip to Paris early in 1919 when DaCosta was Surgeon-in-Chief on the S.S. *George Washington*. Following Wilson's serious illness in October 1919, Professor Francis X. Dercum (Professor of Nervous and Mental Diseases at Jefferson, 1900-25) was called to the White House for consultation and followed the President until the end of his term.

The events surrounding the illness of President Wilson and the uncertainty respecting presidential power at that time, followed two decades later by the concern about President Franklin D. Roosevelt's health, led to increasing need for information of the public about the health and illnesses of United States Presidents. Even now anxi-

eties exist about whether adequate disclosure regarding health matters is available about our Presidents and candidates. These concerns surfaced rather urgently during the administration of President Dwight D. Eisenhower. Dr. Howard McC. Snyder (JMC, '05) felt keenly the pressures of his responsibility in this regard. Dr. Snyder made an acquaintance with Eisenhower during World War II when Snyder was Assistant to the Inspector General of the United States Army. Eisenhower called on him to explain an inspection report criticizing certain Army medical operations of the Allied Expeditionary Forces in Europe, and Snyder's skillful interpretation led to a continuing relationship. Snyder was requested to stay on active duty after World War II in spite of his having passed retirement age. When Eisenhower became President of Columbia University in 1948, Snyder went with him. When he became the first commander of North Atlantic Treaty Organization forces in 1950, he assigned Snyder as Senior Medical Officer of Supreme Headquarters, Allied Power Europe (SHAPE).

In spite of his age of 71, Snyder was willing to accept the next call to duty as personal physician to President Eisenhower (Fig. 3). His management of the President's heart attack in 1955 came into question because of his apparent delay and apparent casualness in admitting him to a hospital. However, his explanation of his concern about the national interest and anxiety to spare the family undue stress was commended by the press. The tone was set for open and cordial relations among all interested parties. This was especially important when the medical decision to permit the President to run for re-election the following year had to be made. His ultimate completion of his second term in 1960 vindicated Dr. Snyder's judgment.

The most recent Jefferson White House connection occurred at the time of the attempted assassination of President Ronald Reagan March 30, 1981. The surgeon who headed the trauma unit at George Washington University Hospital upon the President's arrival was Joseph Martin Giordano (JMC, '67), Professor of Surgery (Fig. 4). Dr. Giordano made an initial assessment of the char-

acter and extent of the injuries and proceeded with emergency surgery with immediate transfusion of 3 1/2 units of blood followed by 4 1/2 during surgery. One of the anesthesiologists was Manfred W. Lichtmann (JMC, '63) (Fig. 5). Assisting Dr.



Fig. 3. President Dwight D. Eisenhower with his White House physician Howard McC. Snyder (JMC, '05).

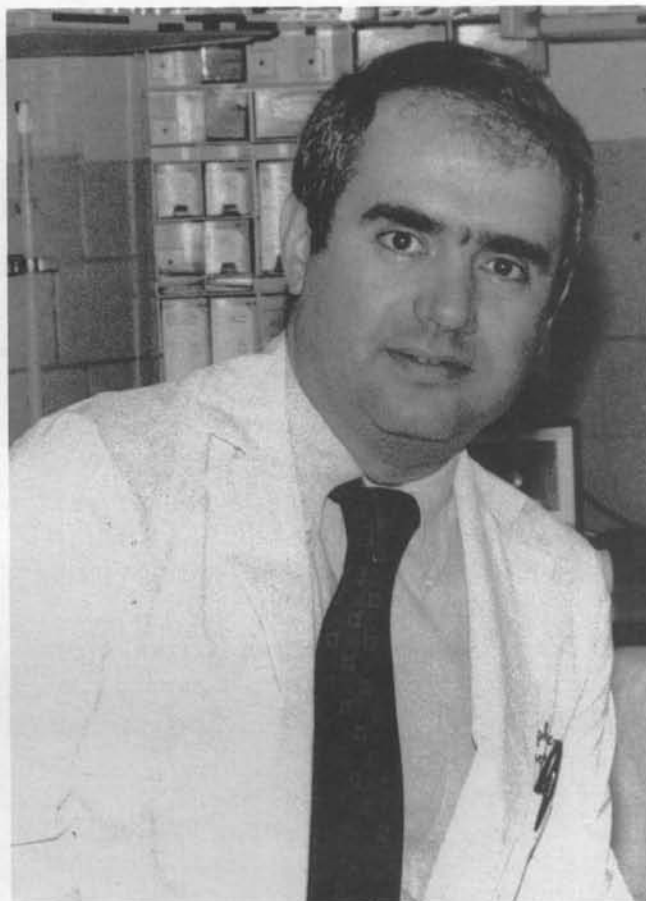


Fig. 4. Joseph M. Giordano (JMC, '67), Professor of Surgery, George Washington University. Head of surgical team at time of attempted assassination of President Reagan.

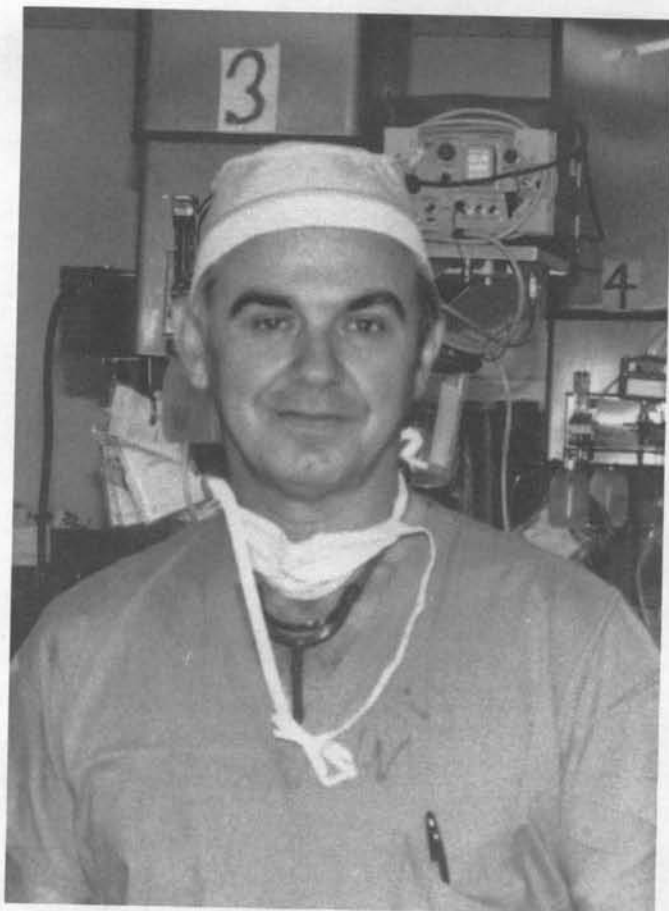


Fig. 5. Manfred W. Lichtmann (JMC, '63). Anesthesiologist for President Reagan's surgery, March 30, 1981.

Giordano was surgical resident Kathleen F. Cheyney (JMC, '74) (Fig. 6). The brilliant achievement of prompt and complete recovery gave evidence of the ability of the physicians to react skillfully and almost reflexly to an emergency event.

Several other Jefferson alumni had some connection with the presidents although not on a personal basis. Dr. Robert Edwin Duncan (JMC, '19) was a consultant to the Surgeon General during the Franklin D. Roosevelt administration. Dr. William Morrow Notson (JMC, 1861) participated in the autopsy on President Abraham Lincoln. A similar duty fell to Dr. Hermanus L. Baer (JMC, 1900) on the body of President William McKinley

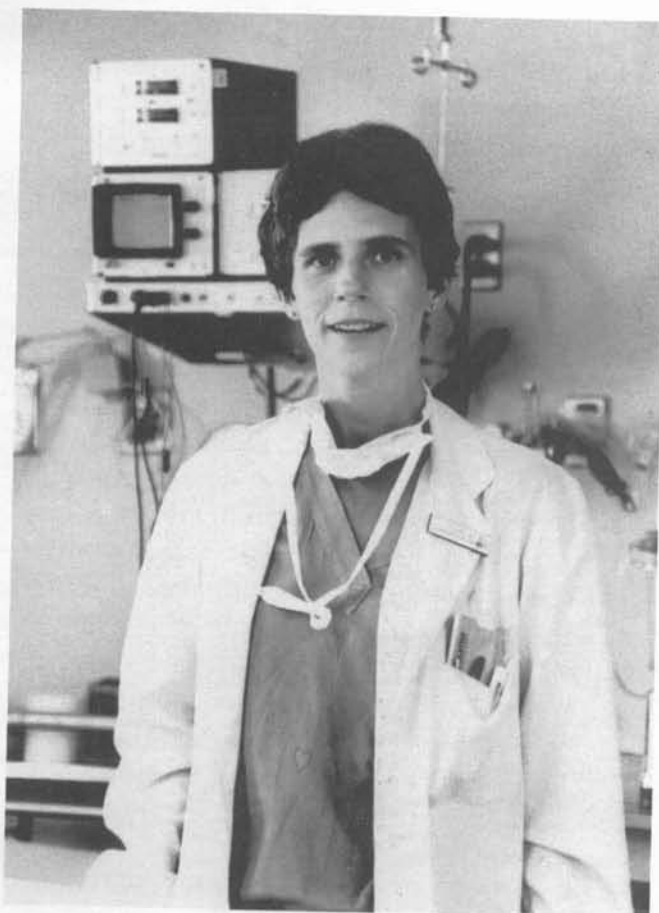


Fig. 6. Kathleen F. Cheyney (JMC, '74). Surgical resident assisting Dr. Giordano at President Reagan's emergency surgery.

and Dr. James J. Humes (JMC, '48) on the body of President John F. Kennedy. Dr. Peter P. Pomerene (JMC, 1861) was a surgeon in James M. Garfield's regiment in the Civil War and a personal friend. He was summoned to President Garfield's bedside at his request following the assassination attempt of July 2, 1881 but could offer no suggestions.

The frequency of contacts between presidents and Jefferson physicians in recent years suggests that the process is on-going. The successful completion of their respective missions reflects great credit not only upon the individual physicians but also upon Jefferson Medical College.



## White House Doctor: T. Burton Smith (Postgraduate Alumnus, '49)

Although not a Jefferson Medical College graduate, Dr. T. Burton Smith received his urological resident training at Jefferson under Dr. David M. Davis and is thus included in the Postgraduate Alumni.

Dr. Smith had the distinction of serving as White House Physician under President Ronald Reagan from January 1, 1985 to January 1, 1987 (Fig. 1). His experiences are chronicled in his book, *White House Doctor*, written with Carter Henderson and published by Madison Books in 1993. The inscription for the copy presented to Jefferson's Scott Library reads:

"To Jefferson Medical College,

It was here that I matured in medicine, which allowed me to be able to cope with the awesome responsibility as Physician to the President of the United States.

T. Burton Smith, M.D.  
Urology 1949"

Upon leaving Jefferson, Smith returned to his home in Los Angeles, California, and established a practice, having perceived a real need for a well trained urological surgeon in an environment where the term "urologist" was understood as one who treats venereal disease. He was soon in demand in five hospitals. Regarding his preparation for his successful practice, he credits his Jefferson experiences (1946-1949) as key to the unfolding of his west coast career: "Time passed quickly at Jefferson and by my last year I was 'king of the hill.' There was no surgical procedure I couldn't handle. I was in demand and respected by the rest of the hospital's staff, thanks to the marvelous teaching and guidance I had received from Dr. Davis and his fellow doctors at Jeff." To consolidate his practice he moved to Santa Monica to associate with St. John's Hospital where he could serve all of his patients in one place, consult at the nearby Veterans Administration Hospital, and as-

sist in the creation of the Department of Urology at the newly formed University of California at Los Angeles Medical Center. This move proved opportunistic since he later met Ronald Reagan there, leading to a lasting relationship.

In 1966 Reagan, who resided in Pacific Palisades, California, and used St. John's Hospital for medical care, developed a urinary tract infection and Dr. Smith was consulted.

The following year, he operated on then Governor Reagan, performing a transurethral resection of a bladder neck obstruction and removing numerous bladder stones. A firm friendship developed in addition to the professional relationship, and regular contact continued. The Smiths were guests at Reagan's gubernatorial inauguration January 5, 1967. When Reagan was elected President in 1980, the Smiths were invited to the January 20, 1981 inauguration at which time Smith met Dr. Ruge who had been designated the President's physician. In 1982, when his physicians wanted a urological work-up, President Reagan requested Smith's services, so he went to Washington and participated in the studies.

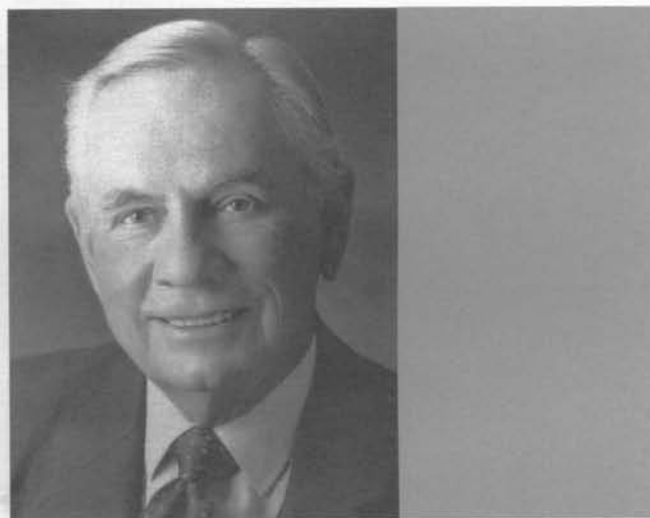


Fig. 1. T. Burton Smith, M.D., Jefferson postgraduate alumnus, 1949, and physician to President Ronald Reagan (1985-87).



The thought of serving the President as personal physician had already crossed Smith's mind and he made the suggestion prior to the 1981 inauguration. The post had then already been filled by Dr. Daniel Ruge, the partner of Mrs. Reagan's stepfather, Dr. Loyal Davis. In July 1984, Dr. Ruge, upon planning to retire from White House service, called Smith to ask if he would be interested in succeeding him. The appointment was made official in November, but Smith had already given over his practice and spent several months in St. John's Hospital in preparation for procedures upon which he needed refresher experience. He worked in the recovery room, intensive care units, and in cardiology. His ability and confidence was enhanced by two three-day courses in coronary and trauma life support at a Washington military hospital. The new adventure was under way.

The Smiths moved into an apartment at Watergate South, just six blocks from the White House. The organization of the White House offices was not difficult since Smith was serving mainly the President and First Lady, plus some White House personnel and occasional guests. He was also responsible for the medical office in the Old Executive Building near the White House. There was a staff of doctors and nurses in both buildings serving some 2,500 persons. His closest associate was Dr. John Hutton who was to succeed him, but there were several other physicians of high caliber in attendance. The supporting staff of secretaries, nurses and technicians was well trained and able.

The transition from a very busy surgical practice to a very personal one was taken in stride. It was a part of the "job description" that the President's physician be constantly available, much of the time within actual line of sight. As such he formed a part of the personnel for the "protection of the President," along with secret service and other security persons. Smith or a member of his medical staff accompanied the President at all times including his overseas and executive travels. He was somewhat awed by the precision of all arrangements including the "advance" routine before any movement in an effort to anticipate any

possible trouble. It was also necessary to prepare the Reagans for travel where local diseases could have been encountered. Vaccines and special medications had to be available. Weekends at Camp David were usually relaxed and comfortable, but the urgency of alertness in protection of the President was ever present.

Dr. Smith described many adventures during his two years in the White House. Medically, the most vivid of his experiences related to the President's surgery for carcinoma of the colon. In the course of a routine annual examination a positive "Hemoccult" test for fecal blood was obtained and the history of a lower colon polyp the year before was noted. This led to the decision to proceed with colonoscopy which on July 12, 1985, resulted in the finding of a "golf ball" sized mass in the right colon. Surgery, with all the attendant precautions and preparations, was carried out the next day. For the first time, in keeping with the 25th Amendment, the President turned over the "Presidency" to Vice-President Bush as anesthesia was begun. A right colectomy was performed as the lesion turned out to be a localized malignant tumor. The President reassumed his powers late the same day and made a spectacular recovery.

Another incident related to the controversial visit of President Reagan to West Germany in April, 1985. The main purpose was attendance at the seven-nation economic summit meeting in Bonn, but the side trip to Bitburg caused international repercussions since a wreath was to be laid at Kolmeshohn military cemetery to honor war dead. It was later revealed that a number of German soldier members of the Waffen S.S. were buried there and serious opposition to the visit erupted. The President was distressed but tried to couch his remarks in non-offensive terms and went through with the visit, but the staff experienced anxious moments.

Since Smith was always close to the President at important events, he was able to meet most of the heads of state Reagan contacted. Perhaps the most memorable was being introduced to Soviet Premier Mikhail Gorbachev in November, 1985. The occasion was a one-on-one summit meeting



in Geneva, Switzerland. The discussions were unexpectedly informal and cordial. At a reception that evening, members of the President's staff were introduced to Premier and Mrs. Raisa Gorbachev, the Premier responding warmly to Smith who identified himself as the President's physician.

The job as White House physician carried with it many perquisites, all of which Smith enjoyed especially because of their previous friendship (Fig. 2). At the same time he was meticulous about not presuming upon this acquaintance, leading to most cordial relations throughout his tenure. A car and driver were always available for his service duties. He even slept at the White House on several occasions, including the few nights following the President's discharge from the hospital in 1985.

**Fig. 2. Christmas at the White House, 1985. President and Mrs. Reagan (center) flanked by Dr. and Mrs. T. Burton Smith.**

Another "duty" was answering letters addressed to the President concerning matters of health, leading to many interesting experiences but also to some routine encounters.

Dr. Smith found his White House years stimulating and generally enjoyable, his reactions often indicating a little awe in experiencing the mystique of a great structure, the White House itself, and the institution of the Presidency of the United States.

At the end of the summer of 1986, Dr. Smith determined to resign his post mainly for family reasons, especially the illness of his brother and the aging of his mother. Events were so involved



Fig. 3. Dr. and Mrs. T. Burton Smith at White House farewell from President Reagan.

that he was unable to bring up the subject with the President until Thanksgiving. Then an official letter was written and the President's formal acceptance was dated December 4, 1986. A more personal letter from the President was dated December 10 and signed "Ron". It expressed in characteristically gracious terms his appreciation of Smith's services, concluding, "Nancy and I are proud to have known you these many years, and you have our deep affection and respect. May you, Kathleen and the family enjoy every future happiness and success (Fig. 3)."

Although retired from practice, Dr. Smith was appointed to the Board of Regents of the Uniformed Services University of the Health Sciences in Bethesda, Maryland, where he served through 1993. He also was active in public service and recreational endeavors including the Cancer Committee of St. John's Hospital and Health Center Foundation. No doubt these permitted him and his wife, Kit, some time to reflect with pleasure and satisfaction on experiences granted to only a few physicians.

Dr. Smith provides another example of the pride traditionally manifested by Jeffersonians in the achievements of its alumni and post-graduate alumni.

## Attempted Assassination of Presidential Candidate (Governor Wallace)

by Stacy L. Rollins, Jr., (JMC, J'44)

In 1972, George Corley Wallace, Governor of the State of Alabama, was seeking the Democratic Party nomination for President of the United States. On May 15, 1972, the day before the primary elections in the State of Maryland, he was making a public appearance at a shopping center in Laurel, Maryland, when he was gunned down by Arthur Herman Bremer in an attempt at assassination. He suffered multiple gunshot wounds from a .38-caliber pistol fired at close range. His bodyguard and

a bystander also sustained wounds but they were not serious. Immediately thereafter, he was taken by ambulance to the Holy Cross Hospital in Silver Spring, Maryland, which was the nearest medical facility with the equipment and staff to handle trauma of this type. He arrived at 4:15 P.M. and was noted to be pale and sweaty and paraplegic. His blood pressure was 130/80 and his heart rate was 90 per minute with a regular rhythm. He was complaining primarily of abdominal pain. Imme-



diate measures were initiated and included the insertion of a large gauge intravenous line, a nasogastric drainage tube and a urinary catheter. He was given medication for pain and routine laboratory studies were made as well as preliminary X-ray examinations. A request was made for 5,000 cubic centimeters of whole blood to be available for transfusion if necessary.

The locations of the gunshot wounds were established. He had a through and through wound of the right forearm without evidence of major nerve or vascular injury and there were similar wounds in the upper arm and right shoulder. There was a wound low in the chest anteriorly on the right and another wound of the thorax posterolaterally. X-ray examinations disclosed a bullet in the abdomen and another one in the spine and no evidence of a pneumothorax or hemothorax. While he was in the emergency room, his blood pressure began to drop and his pulse rate increased, and he exhibited rigidity of the upper abdominal musculature. Shortly thereafter, he was taken to the operating room for exploratory abdominal surgery by Dr. Joseph Schanno, a general surgeon with special training in vascular surgery. The abdominal cavity contained blood, a major part of the hemorrhage being related to a laceration of the gastric artery. There was a through and through perforation of the stomach and mesocolon and a laceration of the descending colon. Gastric contents had spilled into the abdominal cavity which contained recently ingested food. The right diaphragm had been penetrated and there was a moderate amount of blood in the subhepatic space. The penetrating missile traveled from the diaphragm in a direction posterior to the kidney and pancreas and was the bullet that came to rest in the spinal canal. The bullet within the abdominal cavity was extracted. After control of hemorrhage and repair of the injured structures, drains were left in appropriate places and a chest tube was inserted on the right. He received 3,500 cubic centimeters of whole blood during the operation and his vital signs remained satisfactory and stable throughout the procedure. It was the consensus of Dr. Schanno and his consultants that any fur-

ther immediate surgery was contraindicated.

The immediate postoperative course was satisfactory, and on the first postoperative day he was alert and his vital signs remained within a normal range. Ironically, he won the Maryland primary election. On the second postoperative day there was a sudden elevation of temperature to 102 degrees Fahrenheit and the fever persisted along with a distention of the abdomen. Ultimately, abdominal abscesses developed and drained spontaneously through the areas where drains were used. The fever subsided. However, he had lost weight and was anemic and in negative protein balance. There was no change of his neurological status. Attention to his spinal problem and the retained bullet was delayed in view of his general medical condition.

On May 31, 1972, Governor Wallace requested consultation with Dr. Stacy L. Rollins, Jr. (JMC, '44) who was Clinical Professor of Neurosurgery at Georgetown University nearby and an acquaintance of many years (Fig. 1). Dr. Rollins examined him on June 1, 1972, and reviewed all of the data. He was paraplegic with flaccid lower extremities and an absence of all sensory modalities below the 12th thoracic dermatome. X-ray examination showed a .38-caliber bullet to be within the spinal

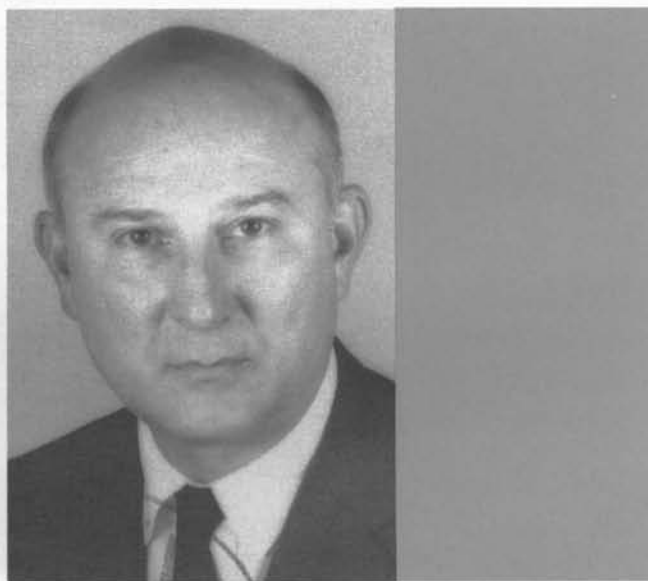


Fig. 1. Stacy L. Rollins (JMC, '44), Clinical Professor of Neurosurgery, Georgetown University.



June 19, 1972

# Doctors Believe Wallace May Walk Using Braces

By THOMAS O'TOOLE

*Special to The Inquirer**And Washington Post*

WASHINGTON. — Alabama Gov. George C. Wallace underwent successful surgery Sunday for removal of a bullet from his spine, but the surgeons who performed the operation doubted he would ever regain normal use of his legs.

"It's not an impossibility, but nobody expects that," Dr. Stacy L. Rollins Jr. said after operating on Wallace for 90 minutes at Holy Cross Hospital in nearby Silver Springs, Md. "The chances are less than 50 percent that there will be any recovery in his legs."

DR. ROLLINS IS a onetime classmate of Wallace at the University of Alabama and now professor of neurosurgery at Georgetown University School of Medicine here.

He said he expects Wallace to attend the Democratic National Convention in Miami Beach next month and quite possibly to walk with the help of braces and crutches before the year is out.

"I think a wheelchair will be the way he'll attend the convention," Dr. Rollins said, "but I think he can go to his hotel suite, meet with people, talk with people and deal with people as he has to. If candidates make an appearance (on the convention floor) he might even do that."

DR. ROLLINS was less certain about Wallace's walking with



Fig. 2. Headline story, Philadelphia Inquirer, June 19, 1972, the day following neurosurgery on Governor Wallace.

canal at the first lumbar level. Also, there were fine metallic fragments at the 12th thoracic vertebra on the right side indicating that the missile had struck bone at this point and probably entered the spinal canal through the neural foramen between the 12th thoracic and 1st lumbar vertebrae. Myelography showed a partial obstruction to the flow of the opaque material at the level of the missile. He was plagued by increasing pains of the groin and extremities. It was concluded that the bullet represented a foreign body within the spinal canal at the level of the conus medullaris and cauda equina and should be removed. However,

his septic condition as well as other medical problems contraindicated a spinal operation at that time. It was recommended, therefore, that appropriate surgery be carried out as soon as his medical condition improved enough to permit it. His condition steadily improved thereafter. The hematocrit rose, his metabolic balance became positive, the sepsis came under control and he gained five pounds in weight.

Dr. Rollins was selected to perform the spinal operation. It was carried out early Sunday morning, June 18, 1972 (Fig. 2). In addition to Dr. Rollins and a neurosurgical associate, the team included Dr. Schanno. Also present were Dr. James G. Galbraith, the professor of neurosurgery at the University of Alabama School of Medicine in Bir-

mingham and Governor Wallace's personal physician, Dr. Henry Hamilton Hutchinson. A complete laminectomy was performed at the first lumbar level and extended both cephalad and caudally to get adequate exposure. The spinal dura was thin and translucent and the bullet could be seen through it. It was opened in a longitudinal fashion for the length of the exposure and the bullet was found to be intact. It was displacing the conus medullaris and roots of the cauda equina to the right and was contained within the subarachnoid space. Already there were arachnoidal adhesions encasing it and the adjacent neural structures. There was no laceration nor other anatomical disruption of the conus or cauda. The bullet was extracted easily and thereafter magnification was used to inspect the operative area where the nerve roots were beginning to be adherent to one another by the reactive arachnoid membrane. The roots were released and permitted to float freely within the subarachnoid space. A piece of lumbodorsal fascia was secured and fashioned to make a dural patch for widening the sac and reducing the chances of post-operative stenosis. Thereby a water tight closure could be accomplished. The op-

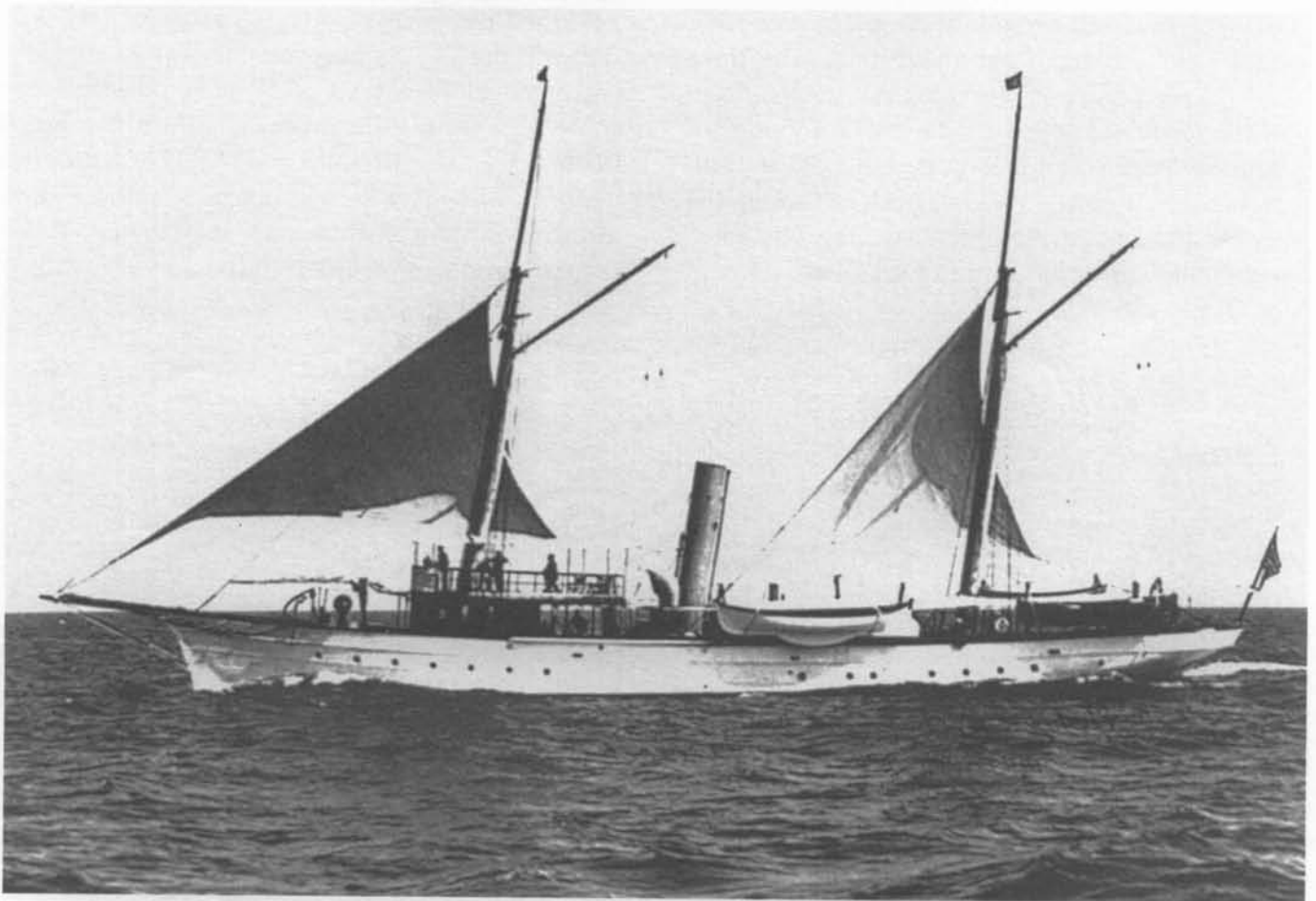
eration took an hour and a half and no transfusion of blood was required. The bullet was marked for identification and turned over to an agent of the Federal Bureau of Investigation who was present in the operating arena. There were no complications from the spinal surgery and physical therapy was resumed within 24 hours. Even though he made progress with his physical therapy there was no improvement of his neurological function except, perhaps, for the development of a few patches of protopathic sensation.

On July 7, 1972, he was discharged from the hospital with arrangements made by the United States Air Force for him to be transported by an Air Force hospital plane to Montgomery, Alabama, for a brief stop and then proceed to Miami, Florida, for the Democratic Party National Convention. Assigned by the Air Force to carry out this mission was the Deputy Surgeon General, Major General Maxwell Steel (JMC, J'44). The mission went smoothly. With the support of braces Governor Wallace was able to stand and to address the convention. However he was not nominated and he returned to his executive duties in Alabama. Twice thereafter he was reelected to the governorship.





W.W. Keen's Luer cheek retractor, from *The Surgical Operations on President Cleveland in 1893* by W.W. Keen. (Courtesy Lippincott/Harper & Row.)



Oneida Yacht on which Professor W.W. Keen operated upon President Cleveland in 1893. (Courtesy of W. W. Keen James)